

**Legislative Testimony  
Public Health Committee  
HB 6589 AA Establishing A Task Force To Study The Scope Of Practice For Dental Hygienists  
Wednesday, March 20<sup>th</sup>, 2013  
Tatiana Barton, D.D.S.**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Dr. Tatiana Barton. I am Past President of the Connecticut State Dental Association and have been practicing dentistry in Stamford, Connecticut for 19 years. My volunteer service to the citizens of our state includes *Mission Of Mercy, School Base Health Center Sealant Programs, Senior Health Fairs, monthly dental care visits to residents at Nathaniel Witherall nursing home*. I am writing in opposition to House Bill 6589, An Act Establishing A Task Force To Study The Scope Of Practice For Dental Hygienists.

This Bill represents a continuation of the process to create an Advanced Dental Hygiene Practitioner, one which began in 2009 and has every year thereafter been rejected.

As I am sure you are aware, scope of practice issues tend to be very technical, specialized, and passionately debated by proponents and opponents alike. Unfortunately, these issues also take up much of the legislature's time and often fail to achieve the desired affects when they are enacted. Typically when an increase in scope of practice is sought, it is done so with the intentions of getting care to a population who traditionally has been underserved. However, too often when scope is increased, this is not the outcome.

I call your attention to the February 2012 Department of Public Health report, a report in which I participated in providing formative information. This report was presented to the Public Health Committee as part of the Department's Program Review and Investigations Committee:

***"Although it seems conceivable that the creation and utilization of a mid-level oral health provider such as an ADHP has the potential to enhance access to quality and affordable health care in CT primarily through increased utilization, there was no documented current practice data provided to support this theory. Data provided by the Department of Social Services suggests that access is no longer an issue for the CT Medicaid population; utilization is the problem."***

There is no new data to suggest that ADHP will increase utilization. As the Department of Social Services has reported, there are currently significant numbers of dental providers (+1,600) requisite for Access to the Underserved. This issue is one of utilization not of provider numbers. There is no proven guarantee that an addition of a midlevel provider will increase utilization of services. "If you build it" there is no guarantee they will come.

When a new model of health care delivery is being suggested and reviewed, one which has no past extended history in the national background or data to suggest its potential success, a pilot study should be undertaken prior to legislating its existence. That pilot study should demonstrate:

- a: The model positively impacts utilization within the designated target population of defined need.
- b. Is cost effective/financially sustainable in the short and long term scheme of the State's finances.
- c. Has experienced an in depth practical as to its impact on the current model with respect to the target population and the general population.
- d. The legislation does not preclude the implementation of potential additional models if needed that are safe, cost effective, increase utilization and are financially sustainable.

Scopes of practice should only be increased when pilot studies demonstrate there is an inadequate number of providers to deliver the needed amount of care. Any increase in scope must ensure the safety of the patient through appropriate training, education and professional/governmental oversight.

I would like to sincerely thank-you for your time and am in hopes that you will oppose this bill and any effort to amend Advanced Dental Hygiene Practitioner language to any other bill.

Respectfully Submitted,

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